

APPLICATION FOR EMPLOYMENT

Town of Harpswell
P.O. Box 39
Harpswell, Maine 04079

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For _____ Date _____

How did you learn about us? ☐ Advertisement ☐ Employment Agency ☐ Friend ☐ Relative Other _____

Last Name	First Name	Middle Name
Address	City	State
		Zip
Phone Number(s)	Email	

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? If yes, give date _____ ☐ Yes ☐ No

Have you ever been employed with us before? If yes, give date _____ ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? *Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

On what date would you be available for work? Date _____

Are you available to work? ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the past seven years? ☐ Yes ☐ No

*Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, handicap or other protected status.

Employer		Length of Service
Address		
Phone Numbers		
Job Title	Supervisor	Work Performed
Reason for Leaving		

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----- If you need additional space, please continue on a separate piece of paper. -----

Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

EDUCATION

	ELEMENTARY					HIGH				COLLEGE/UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study:																	
Diploma/Degree																	
Describe Specialized Training, Apprenticeship, Skills, Extra-Curricular Activities and Honors Received:																	

Indicate any foreign languages you can speak, read and/or write:

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

REFERENCES

Please list name, address and phone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	PHONE

Have you ever had any job related training in the United States military?

☐ Yes ☐ No

If yes, please describe_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes ☐ No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Interviewer _____ Date _____

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Department _____

By _____
Name and Title Date

Notes

